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AUG 13 2008

RICHARD W. WIEKING
CLERK, U.S. DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

COMPLAINT BY A PRISONER UNDER THE CIVIL RIGHTS ACT, 42 U.S.C §§ 1983

Name TONEY MARCELLUS G.
(Last) (First) (Initial)
Prisoner Number F81986 [REDACTED] [REDACTED] [REDACTED]
Institutional Address P.O. BOX 950, FOLSOM, CA. 95763

**UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA**

MARCELLUS GERMAINE TONEY
(Enter the full name of plaintiff in this action.)

vs.

SAN FRANCISCO POLICE
DEPT. et.al.

(Enter the full name of the defendant(s) in this action)

CV 08 3869

Case No.
(To be provided by the Clerk of Court)

**COMPLAINT UNDER THE
CIVIL RIGHTS ACT,
Title 42 U.S.C § 1983**

E-filing

JSW
(PR)

[All questions on this complaint form must be answered in order for your action to proceed..]

I. Exhaustion of Administrative Remedies.

[Note: You must exhaust your administrative remedies before your claim can go forward. The court will dismiss any unexhausted claims.]

A. Place of present confinement FOLSOM STATE PRISON

B. Is there a grievance procedure in this institution?

YES (✓) NO ()

C. Did you present the facts in your complaint for review through the grievance procedure?

YES () NO (✓)

D. If your answer is YES, list the appeal number and the date and result of the appeal at each level of review. If you did not pursue a certain level of appeal, explain why.

JSW-0809 JSW

1. Informal appeal N/A

2. First formal level N/A

3. Second formal level N/A

4. Third formal level N/A

E. Is the last level to which you appealed the highest level of appeal available to you?

YES () NO (✓)

F. If you did not present your claim for review through the grievance procedure, explain why. MY CLAIM IS EXCESSIVE FORCE AND
NOT A GRIEVANCE ISSUE.
EXCESSIVE FORCE AND ASSAULT.

II. Parties.

A. Write your name and your present address. Do the same for additional plaintiffs, if any. FOLSOM STATE PRISON

MARCELLUS G. TONEY F81986

P.O. BOX 950

FOLSOM, CA. 95763

B. Write the full name of each defendant, his or her official position, and his or her place of employment.

AT PRESENT THE SAN FRANCISCO POLICE OFFICERS

1 IDENTITIES ARE UNKNOWN BECAUSE I DON'T
 2 REMEMBER ANY NAMES NOR DO I HAVE THE
 3 POLICE REPORT OF ARRESTING OFFICER(S). I
 4 HOPE FOR AN ORDER TO AMEND ~~COMPLAINT~~ ^{COMPLAINT}.

5 III. Statement of Claim.

6 State here as briefly as possible the facts of your case. Be sure to describe how each
 7 defendant is involved and to include dates, when possible. Do not give any legal arguments or
 8 cite any cases or statutes. If you have more than one claim, each claim should be set forth in a
 9 separate numbered paragraph.

10 ON UNKNOWN DATE IN AUGUST 2006 I WAS ~~ASSAULTED~~ ^{ASSAULT-}
 11 ~~ED~~ BY SAN FRANCISCO POLICE OFFICERS IN SAN
 12 FRANCISCO. THERE WERE ATLEAST 4 OFFICERS WHO
 13 JUMPED ME. ONE HAD HIS FOOT ON MY NECK,
 14 ANOTHER HAD MY LEGS PINNED DOWN, AND I
 15 WAS ON MY STOMACH. I WAS HANDCUFFED
 16 VERY HARD IT CUT OFF CIRCULATION OF BLOOD
 17 TO MY HANDS. MY FINGERS WERE FORCED IN
 18 OPPOSITE DIRECTIONS WHILE CUFFED AND I
 19 WAS KICKED. I WAS THROWN HEAD FIRST INTO
 20 TRANSPORTATION VAN. ALL THE WHILE I WAS
 21 NOT COMBATIVE OR RESISTANT. I WAS TAKEN TO
 22 HOSPITAL AND NO CRIMINAL CHARGES WERE FILED.

23 IV. Relief.

24 Your complaint cannot go forward unless you request specific relief. State briefly exactly
 25 what you want the court to do for you. Make no legal arguments; cite no cases or statutes.

26 I SEEK MONETARY COMPENSATION FOR DAMAGES
 27 IN THE ASSAULT THAT RESULTED IN PERMANENT
 28 INJURY TO MY HAND, PUNITIVE DAMAGES

1 FOR PAIN AND SUFFERING, COST OF SUIT AND
2 ATTORNEY FEES, AND FOR COURTS TO
3 APPOINT COUNSEL ONCE IT HAS RENDERED
4 PLANTIFF HAS VALID CLAIM

5 I declare under penalty of perjury that the foregoing is true and correct.
6

7 Signed this 7TH day of AUGUST, 20 08
8

9 Marcellus Loney
10 (Plaintiff's signature)
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